Enter and View Report
Chapel Fields Care Home

Care Home Contact Details:
Chapel Fields, Frodsham, Cheshire WA6 7BB

Date of Visit: 7th January 2019

Time of Visit: 10.00am

Healthwatch Cheshire Authorised Representatives:
Pat Clare, Andrew Pleass

Chapel Fields Staff Present: Karen Graham – Manager, Heather Ross – Deputy Manager

What is Enter and View?

Healthwatch Cheshire (HWC) is part of a network of over 150 local Healthwatch across England established under the Health and Social Care Act 2012. HWC represents the consumer voice of those using local health and social services and trades as both Healthwatch Cheshire East and Healthwatch Cheshire West.

The statutory requirements of all local Healthwatch include an 'Enter and View' responsibility to visit any publicly funded adult health and social care services. Enter and View visits may be conducted if providers invite this, if HWC receive information of concern about a service and/or equally when consistently positive feedback about services is presented. In this way we can learn about and share examples of the limitations and strengths of services visited from the perspective of people who experience the services first hand.

Visits conducted are followed by the publication of formal reports where findings of good practice and recommendations to improves the service are made.

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1. Description & Nature of Service

Group: MHA
Local Authority / Social Services: Cheshire West and Chester Council (click for contact details)
Type of Service: Care Home with nursing – Voluntary / Not for Profit Owned , Registered for a maximum of 70 Service Users
Registered Care Categories*: Dementia • Old Age
Specialist Care Categories: AIDS/HIV • Alzheimer's • Anorexia/Bulimia/Self Harming • Cancer Care • Cerebral Palsy • Challenging Behaviour • Colitis & Crohn's Disease • Epilepsy • Head/Brain Injury • Hearing Impairment • Motor Neurone Disease • Multiple Sclerosis • Muscular Dystrophy • Neuropathic • Orthopaedic • Parkinson's Disease • Prader-Willi Syndrome • Profound & Multiple Learning Disabilities • Schizophrenia • Speech Impairment • Spina Bifida & Hydrocephalus • Stroke • Visual Impairment
Admission Information: Ages 55+.
Single Rooms: 70
Rooms with ensuite WC: 70
Facilities & Services: Palliative Care • Day Care • Respite Care • Convalescent Care • Physiotherapy • Separate Dementia Care Unit • Own GP if required • Own Furniture if required • Pets by arrangement • Close to Local shops • Near Public Transport • Minibus or other transport • Lift • Wheelchair access • Gardens for residents • Residents Kitchenette • Phone Point in own room/Mobile • Television point in own room • Residents Internet Access

Information from carehome.co.uk

Latest Care Quality Commission Report on Chapel Fields: In its latest report (September 2018) Chapel fields received an overall GOOD grade from the inspectorate who judged the service 'good' in all areas apart from 'leadership' which was graded as "REQUIRES IMPROVEMENT."
** Care Quality Commission is responsible for the registration and inspection of social care services in England.*

2. Acknowledgements

Healthwatch Cheshire would like to thank the service provider, care home manager, residents, visitors and staff for their contributions to this Enter and View visit.

3. Disclaimer

This report relates to findings gathered on a specific date of visiting the service as set out above. Consequently, the report is not suggested to be a fully representative portrayal of the experiences of all the residents and/or staff and/or family members/friends but does provide an account of what was observed and presented to HWC ARs at the time of the visit.

4. Purpose of the visit

- To enable Healthwatch Cheshire ARs to see for themselves how the service is being provided in terms of quality of life and quality of care principles
- To capture the views and experiences of residents, family members/friends and staff
- To consider the practical experience of family/friends when visiting the service in terms of access, parking and other visitor facilities
- To identify areas of resident satisfaction, good practice within the service and any areas felt to be in need of improvement
- To enable Healthwatch Cheshire Representatives to observe how the service delivers on the statements it advertises on its website

5. Introduction/Orientation to Service

Chapel Fields is a care home run by the MHA charity and provides residential and nursing care for elderly patients including those diagnosed with dementia and other mentally challenging conditions.

The most recent CQC inspection was in September 2018 (report dated November 2018), shortly after the appointment of the current manager, Karen Graham, at which it retained its GOOD rating from the previous inspection in 2016. Karen is awaiting final ratification of her own CQC registration having been interviewed by CQC in December 2018. A previous Healthwatch visit took place in May 2016.

On arrival Representatives were met by a member of the care team who announced our visit to the manager, Karen Graham,who had apparently not received the initial Healthwatch letter.

Karen led us through to her office, provided with us a drink and asked her deputy manager, Heather Ross, a registered nurse, to join us. Heather has worked at Chapel Fields for seven years. Karen and Heather were both pleasant, open, clearly committed to their work and were happy to answer any questions we had.

6. Methodology

Representatives were equipped with various tools to aid the gathering of information. The following techniques were used by Representatives:

- Direct observation of interactions between staff and residents
- Participant observation within therapeutic/social activities where appropriate
- Assessing the suitability of the environment in which the service operates in supporting the needs of the residents
- Observing the delivery and quality of care provided
- Talking to residents, visitors and staff (where appropriate and available) about their thoughts and feelings regarding the service provided
- Observing the quality and adequacy of access, parking and other facilities for visitors

7. Summary of Key Findings

- A large well run care home which appears to meet the needs of residents who have a variety of challenging conditions
- Staff are positive, friendly, supportive and are well-trained in varied clinical procedures
- Well supported by the provider and external medical practitioners
- Resident ages range from late 40s to 101 years
- Centrally and conveniently located in Frodsham near to local facilities

During the visit Healthwatch Representatives engaged with at least eight members of staff and a similar number of residents

8. Detailed Findings

8.1 Location, external appearance, ease of access, signage, parking

Chapel Fields is located in a quiet cul-de-sac off Main Street in Frodsham and is clearly signposted as Christian Care Home from the main road. The home occupies two linked, purpose-built, well presented buildings and is fronted by two reasonably sized car parks,

(fully occupied at the time of our visit) and areas of planting with trees and shrubs.

Additional on-street parking is available directly facing the premises alongside sheltered housing. Parking was said to have deteriorated since charges were introduced on the main road and is planned to be addressed by Chapel Fields with additional signage.

8.2 Initial impressions (from a visitor's perspective on entering the home)

Level access is to the building is via a small, but welcoming, glazed lobby, which has a window through to an admin office.

The entrance lobby displays a hand sanitiser, comment leaflets, staff log-in books, CQC registration information and latest CQC report summary

The call bell was answered promptly by a member of staff and we entered a pleasant reception area with seating, whilst the manager was informed of our arrival.

A board in reception shows pictures of staff on duty that day. This is to be renewed with a simpler 'slot-in' version

8.3 Facilities for and involvement with family/friends

Visiting times are flexible. There are communal lounges adjacent to the dining areas in each of the four separate sections of the home. Quieter areas, suitable for private meetings, with chairs and books are available at the end of each corridor. Refreshments are available in the kitchen areas all day. Although there is no designated room for

overnight visitor stays, they can be accommodated in any vacant room or are welcome to use chairbeds in resident rooms. Amenity kits are made available for overnight visitor stays

Most residents have mobile phones but three have their own landline. Internet access is available.

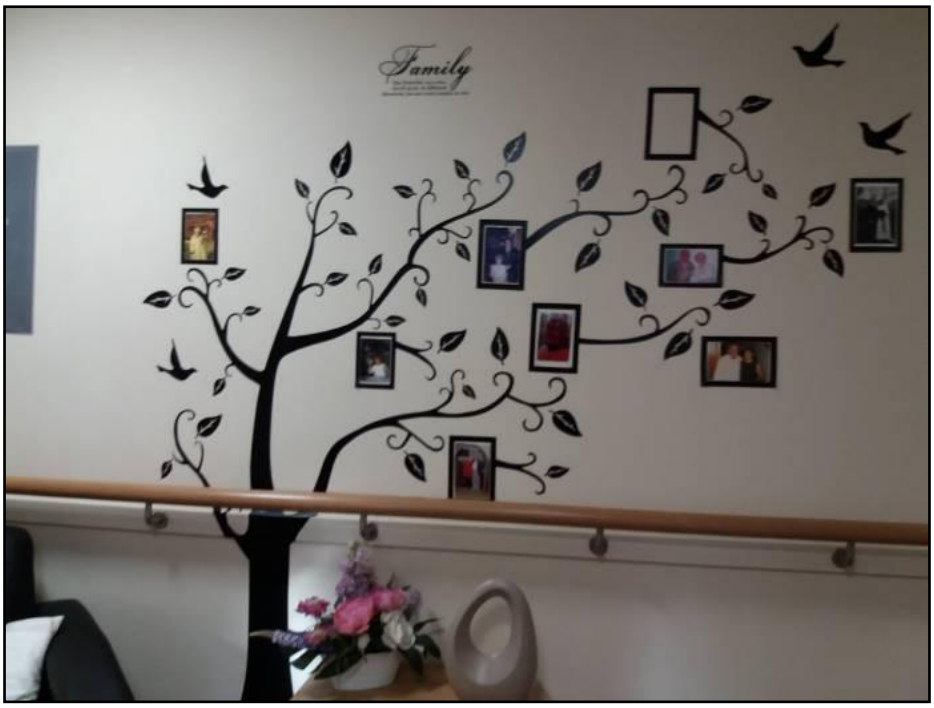
There is a newsletter for relatives and meetings are held quarterly. We were told that the meeting format will change this year with two quarterly meetings being offered as one-to-one sessions rather than open meetings. Also Karen and Heather will both be available all day on a 'drop-in' basis for privatediscussion.
Recent organised family events have included a Christmas party and a summer musical festival.

8.4 Internal physical environment

8.4.1 Décor, Lighting, heating, furnishing & floor coverings

All internal decorations were in good condition. Corridors, bedrooms and lounges are carpeted, dining areas and wet-rooms have suitable easy-clean flooring. There is plenty of natural lighting throughout and good artificial lights where needed. Plain, pastel coloured walls contain a variety of pictures and photographs and several corridors have been decorated by staff with interesting murals

Murals designed by staff, one designed to stimulate memory by showing pictures of residents in a family tree



There are 70 bedrooms in total: all are en-suite and of a similar size.

They are compact but large enough for a bed, chest of drawers and wardrobe. Toilets and bathrooms/ shower rooms were seen on all floors.

8.4.2 Freshness, cleanliness/hygiene & cross infection measures

All areas appeared to be clean with no unpleasant odours. Domestic staff were seen cleaning bathrooms. No hand sanitisers were noticed apart from in the entrance lobby but this is not to say they were not present. The kitchen appeared clean, although slightly cluttered, and is due for refurbishment this year. There is a large, well-equipped and tidy laundry.

A cross-infection prevention policy is in place and is said by the manager to be strictly observed. This includes sanitisation training for all staff including hand washing competencies; all staff wear disposable gloves and aprons when issuing food and medication (this was indeed observed by Representatives) with separate bins for disposal; coloured dots on resident care plans show additional hygiene precautions where necessary; mattresses are checked for soiling daily.
The building temperature was pleasant.

8.4.3 Suitability of design to meet needs of residents

Chapel Field consists of two buildings each with 35 bedrooms on two floors and is separated into four areas according to the dependency

level of the residents. Current bedroom occupancy is 60. One building is for simple residential and residential with nursing requirements; the other is for dementia residents and those with both dementia and additional nursing needs. Access to each floor is by keypad. All residents in the dementia unit have DOLs in place; residents in the other building are free to move between floors, but as some are also in early stages of dementia they tend to stay in their own area. Residents will only venture out of the building if accompanied by staff or family members.

Corridors and staircases are spacious, bright and clutter-free. There is a lift in each building for access between floors. Lounges and furniture appeared comfortable. Mobility and lifting equipment was evident.

All areas appeared calm and quiet with many residents in their beds. Representatives impression of the home is that it matches the needs of the residents. Those residents out of their rooms seemed to be happy and comfortable with their surroundings.

8.5 Staff support skills & interaction

8.5.1 Staff appearance/presentation

Chapel Fields is fully staffed with nurses, twelve in total of whom two are male.
Six senior HCAs are employed of which five are female.
Nursing and care staff numbers and ratios are felt by management to be appropriate.
We saw and spoke to a number of nurses, HCAs, cleaners, cooks - All appeared to be happy in their work and looked well presented and all wore name badges.

8.5.2 Affording dignity and respect/Approach to care giving

As we went round, the manager knew and addressed all residents by name. All interactions by staff observed with residents were courteous, friendly and comforting e.g. with a lady who thought she had misplaced a cardigan and another who felt dizzy on coming out of her bedroom. Another was complimented on the colours of her matching outfit.

8.5.3 Effective communications – alternative systems and accessible information

Bedrooms have numbers, names and in many cases resident photos on their doors. Communal rooms are clearly marked. There is no obvious signage or colour coding to differentiate the varied dependency areas although each has a separate floral designation

(e.g. Daisy Way, Daffodil Way) and pictures and murals both aid orientation.

One corridor on Daisy Way is decorated with photos of individuals and events to stimulate memory and reminiscences

Wi-Fi is available throughout the building.

8.6 Physical welfare

8.6.1 Appearance, dress & hygiene

All residents were appropriately dressed and clean and tidy. Several were sitting in the various lounges and a number were proactive in engaging with us. One gentleman spoken to in the dementia area was wearing a cap – he said that he always wore it to protect his scalp.

8.6.2 Nutrition/ mealtimes and hydration

Dining areas were airy, clean and attractive. Tables were suitably spaced to allow access with walking frames or similar, had tablecloths and napkins and condiments were evident. Although it was 11a.m. several residents were finishing a late breakfast.

All food is freshly cooked on the premises, by two chefs and two kitchen assistants - one pair for each shift.

There is one chef and two catering assistants each shift and one of the chefs (not catering manager) has been at Chapel fields for eight years.

There are four seasonal menus each with a three week rotation cycle. Breakfast is served from 8 to 11.00am. There is a choice of hot food or sandwiches at lunch and a more substantial hot meal in the evening. Fresh fruit and snacks and drinks were seen in the dining areas. As previously commented the kitchen is due for refurbishment this year.

Residents were happy with food choice and quality: one lady commented, ***"I like my food, but I don't like pasta!"***
Most residents eat in the dining rooms but are able to have meals in theirrooms if preferred.

8.6.3 Support with general & specialist health needs/Maximising mobility & sensory capacities

General healthcare needs are provided by local GPs –the Frodsham practice with a pharmacy is very close.

Karen stressed that they have a very good working relationship with staff at this practice who routinely visit twice per week.

Access to physiotherapy and other support services are available.

Karen described a visiting psychiatrist who supports with behavioural management as, ***"Brilliant!"***

External practitioners are used to train In-house nursing staff who as a result have expertise in several areas e.g.learning disabilities, skin viability, incontinence care, catheter care, venepuncture. One hospice nurse is also available.

Karen attends meeting with regional MHA and CCG managers to share best practice. There are also MHA quality teams and nursing forums.

8.7 Social, emotional and cultural welfare

8.7.1 Personalisation & personal possessions

All bedrooms are single occupancy, are probably too small to accommodate large personal items, but one lady was seen to have a large array of family photographs on her wall. The nature of residents' conditions makes it unlikely for many to manage personal money or security affairs.
One married couple are currently resident: they have separate bedrooms but take meals and sit together in the lounge.

8.7.2 Choice, control & identity

Efforts have been put into meeting individual resident needs for example domestic activities - which they were previously used to doing. An instance was given of a lady who wants to help with the washing up. She is allowed to 'help' but the cups are put in the dishwasher later to ensure hygiene is maintained. A member of staff has also made 'cleaning kits' for dementia patients who are keen to dust and polish.

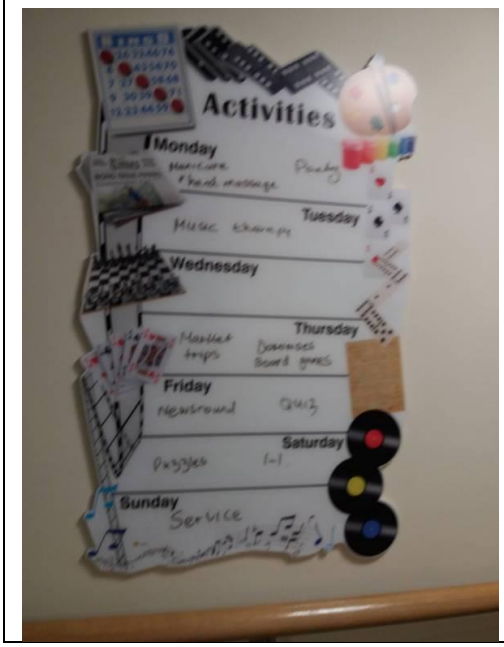
A hairdresser visits three times per week and is available on a fourth if required. One lady was seen enjoying having her hair done in the well-appointed salon.

8.7.3 Feeling safe and able to raise concerns/complaints

One lady who had had a stroke and was prone to falls commented *'I am safe here'*. No evidence was requested or noted of resident meetings taking place but again the condition of many residents probably negates the need for such.

8.7.4 Structured and unstructured activities/stimulation

An activities coordinator currently works four days per week: a candidate is being sought for a second coordinator to work intervening days. The coordinator Sharon starts at 8.00 a.m. We were told that she starts by spending time/taking activities to residents who are unable to join in communal sessions. Communal activities take place from 10 a.m. onwards, taken 'on the road' to all four areas of the home in turn.



Boards in the reception area of both buildings display planned activities.

Each lounge has a television: in one two ladies were watching the television and simultaneously doing simple jigsaws.

A music therapist has recently been appointed as well as a new chaplain. We were told that local school choirs visit periodically.

8.7.5 Cultural, religious/spiritual needs

The chaplain is dedicated to Chapel Fields and conducts services each Sunday. Although MHA originated as a Methodist charity, the care home is non-denominational.

8.7.6 Gardens – maintenance & design/suitability for use/enjoyment

Gardens, which are described on MHA website as sensory, are situated at the side and rear of the building and can easily be accessed from ground floor level, lounge and dining rooms. Although these were seen to contain tables, chairs and bird feeders and were said to be popular with residents, they were not in active use at the time of our visit due to the winter season.

9. Additional Areas of observation

9.1 Comparisons of observations against providers website

No discrepancies were noted. MHA were considered by the management team to be a supportive provider, willing to assist with capital funding where necessary for planned refurbishments e.g. this year to kitchen and for replacement UPVC windows.

9.2 Comparisons with previous Healthwatch Visit(s) where applicable

The previous positive impression of Chapel Fields gained by Healthwatch Representatives in May 2016 was repeated on this occasion.

9.3 Comparisons with the most recent CQC report

No discrepancies were observed. The categorisation of management as 'needing improvement' can easily be explained by the administrative issue of a newly appointed manager undertaking CQC registration. The manager is observed to be a dedicated, compassionate individual with previous experience in a learning disability charity.

9.4 Other observations/findings of note

Staff were observed to be friendly, open and supportive to residents. Training plans appear to be in place and resident care plans are available to staff in cabinets in all bedrooms. One bedroom is reserved for step-up care although is not currently taken up by GP referral.

10. Elements of Observed/Reported Good Practice

- Management and nursing staff sharing in group best practice meetings
- Efforts to respond to dementia patients as individuals by allowing them to perform simple, familiar domestic tasks

- Activities coordinator ensuring residents who are unable to participate in communal activities are not ignored and receive stimulation
- Staff initiatives to decorate areas with murals and pictures

11. Recommendations

- Keep up the good work and aim for OUTSTANDING at next CQC inspection.
- Seek to update signpost from main road to Chapel Fields Care Home
- Signage to indicate parking spaces for visitors to Chapel Fields.

Feedback from Provider of Service
A letter advising of visit not received ahead of visit. But a copy was provided on the day. *Residents always welcome visitors to the home and it is an opportunity for individuals to feedback to external colleagues. The Healthwatch Representatives were very approachable and made residents and staff feel at ease.* *We found the Health watch visit informative and beneficial, it is always good to receive feedback from colleagues and suggestions for improvement. The team at Chapel fields are fantastic and I am very proud to manage this home.* *KAREN GRAHAM, HOME MANAGER - 15/01/2019*